

File with:
Iowa Ethics and Campaign
Disclosure Board
810 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

COMMITTEE NAME (Must be same as on Statement of Organization) <u>Citizens for Heland</u>	
IMPORTANT: Indicate by # type of committee you are reporting for: <u>1</u> (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue	
CANDIDATE COMMITTEES ONLY: Candidate Name <u>Jeff M Heland</u>	Political Party (if applicable) <u>Democratic</u>
Office Sought <u>Supervisor</u>	District (if Senate or House)

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only Comm. # <u>17948</u> Logged In <u>5</u> Scanned <u>5</u> Computer <u>5</u> Audited <u>5</u>	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Jeff M Heland
SIGNATURE OF PERSON FILING REPORT

319-752-6050
TELEPHONE

7/18/2010
DATE SIGNED

I AM FILING A 7/19/2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR:
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committee, enter Date of Election <u>11/2/2010</u>
County & Local Committees, enter County in which Election is held <u>Des Moines County</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \$

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL..... \$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$

CONSULTANT BREAKDOWN (Schedule G Attached?)
YES ☒ NO ☐

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

MAY 15 -
July 14
2010 JUL 19 AM 7:50
JAN 19 1954
AUG
JAN 19 1954
AUG

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)*Citizens for Heland***SCHEDULE****A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/21/10	ID# CK# 7029	Mitch Taylor 205 Washington St. Suite 500 Burlington, IA 52601		\$100 ⁰⁰	<input checked="" type="checkbox"/>
5/21/10	ID# CK# 2755	Nancy Schulte 2556 Serry Rd Burlington, IA 52601		100 ⁰⁰	<input type="checkbox"/>
5/21/10	ID# CK# 3124	Dennis Cohoon 816 Randall St. Burlington, IA 52601		50 ⁰⁰	<input type="checkbox"/>
5/21/10	ID# CK# 10147	Mike Johnston 17083 Kingwood Estates Middletown, IA		25 ⁰⁰	<input type="checkbox"/>
5/21/10	ID# CK# 1006	Harry + Elaine Baxter 1016 North 4 th St. Burlington, IA 52601		25 ⁰⁰	<input checked="" type="checkbox"/>
5/21/10	ID# CK# 1420	Ann Distelhorst 238 S. 4 th Street Burlington, IA 52601		50 ⁰⁰	<input checked="" type="checkbox"/>
5/21/10	ID# CK# 1301	Melissa Garth 1613 Pine St. Burlington, IA 52601		10 ⁰⁰	<input checked="" type="checkbox"/>
5/21/10	ID# CK# 1185	Kim Covey 2001 Ridge Row Burlington, IA 52601		20 ⁰⁰	<input checked="" type="checkbox"/>
5/21/10	ID# CK# 10333	Tammy + Jerry King 162 Indian Terrace Burlington, IA 52601		100 ⁰⁰	<input type="checkbox"/>
5/21/10	ID# CK# 4148	Garry + Mary Welsh 2416 Norman Ave. Burlington, IA 52601		25 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL

\$505

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)*Citizen's for Hebard***SCHEDULE****A**

(Rev. 07/03)

**MONETARY
RECEIPTS**CHECK THIS BOX IF
AMENDING FORM

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5/21/10	ID# CK# 9173	Olive Sullivan 1005 Perkins Ave. Burlington, IA 52601		\$ 20 ⁰⁰	<input checked="" type="checkbox"/>
5/21/10	ID# CK# 1238	Christopher Ross: #4 Rowland Ct. Iowa City, IA 52246		75 ⁰⁰	<input type="checkbox"/>
5/21/10	ID# CK# 7106	Martha Pratt 2106 Miller St. Burlington, IA 52601	mother-in-law	100 ⁰⁰	<input type="checkbox"/>
5/21/10	ID# CK# 1226	Phil + Donna O'dell 76108 Eugene Wallace Rd. Cavinton, LA 70435-6615		100 ⁰⁰	<input type="checkbox"/>
5/21/10	ID# CK# 1732	Cathy Gordon 316 1/2 N. 4th Street Burlington, IA 52601		50 ⁰⁰	<input checked="" type="checkbox"/>
5/21/10	ID# CK# 7161	Carl + Allison Behre 108 Concord Drive Burlington, IA 52601	Daughter + Son-in-law	50 ⁰⁰	<input checked="" type="checkbox"/>
5/21/10	ID# CK# 2361	Clarence + Linda Mitchell 313 Cottage Grove West Burlington, IA 52655		25 ⁰⁰	<input checked="" type="checkbox"/>
5/21/10	ID# CK# 6042	Jim + Carolyn Carter 914 S. 18th Street Burlington, IA 52601		25 ⁰⁰	<input checked="" type="checkbox"/>
5/21	ID# CK#	Misc Cash		130 ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 575⁰⁰

TOTAL (If last page of this schedule)

\$ 1080⁰⁰

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Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen's for Heland

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/1/10	ID# CK# 21	Craftsman Press 203 North 3rd Burlington, IA 52601	Thank you cards	\$ 48.15
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 48.15
TOTAL (if last page of this schedule)				\$ 48.15

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen's for Heland

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/21/10	Nancy Ford 537 North 7th Burlington, IA 52601		Food + Supplies for Fundraiser	\$ 100 ⁰⁰	<input checked="" type="checkbox"/>
5/21/10	Tom Courtney Summer Street Burlington, IA 52601		Food + Supplies for Fundraiser	150 ⁰⁰	<input checked="" type="checkbox"/>
5/21/10	Jeannette Kline 200 South 8th Burlington, IA 52601		Campaign Buttons	50 ⁰⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 200⁰⁰TOTAL (if last
page of this
schedule)\$ 300⁰⁰

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Page 1 of 1
(for Schedule E)